

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012726

FILED MAY 11 1959

Registration District No.

77

Primary Registration District No.

2016

STATE FILE NUMBER

Registrar's No.

139

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jefferson - City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Jefferson - City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>St Mary's Hospital</u> Length of stay in hospital <u>11 days</u>		d. STREET ADDRESS (If outside, give location) <u>So. Dow Mill Drive</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>John - Morgan - Boan</u>		4. DATE OF DEATH Month Day Year <u>MAY 6 1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>13 Feb 1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (City and state or country) <u>Miller - Co - Mo</u>	
13a. FATHER'S NAME <u>William - Boan</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth - Thacker - Boan</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT Name <u>Johnnie - Boan</u> Address <u>Jefferson - City - Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Complicated Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Multiple pulmonary embolism</u> DUE TO (c) <u>Septicemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>3-4 days</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>NONE</u>	
20c. TIME OF INJURY Hour a.m. p.m. <u>NONE</u>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>		20f. CITY, TOWN, OR LOCATION <u>NONE</u>	
21. I attended the deceased from <u>Nov 10, 1958</u> to <u>5/6/59</u> and last saw him alive on <u>5/6/59</u> Death occurred at <u>10:30</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>J. J. Canagawa M.D.</u>	
22b. ADDRESS <u>Jefferson - City - Mo</u>		22c. DATE SIGNED <u>8 MAY - 59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>9 MAY - 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dooley -</u>	23d. LOCATION (City, town, or county) (State) <u>Miller - Co - Mo</u>
24. FUNERAL DIRECTOR <u>Keith McKays</u> ADDRESS <u>ELDON - Mo</u>		25. DATE RECD. BY LOCAL REG. <u>8 May 1959</u>	
26. REGISTRAR'S SIGNATURE <u>R. P. Norris, M.D. - M.R.</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

ALL DISASES IN PART I MUST BE CAUSALLY RELATED.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Keith M. Kays

Licensed Embalmer No. *3998*

P. O. Address *Eldon Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.